

# **Country Program Action Plan 2016-2020**

## **General Framework**

The Government of the Republic of Kazakhstan, hereinafter referred to as the “Government”, and the United Nations Population Fund, hereinafter referred to as “UNFPA”, being in mutual agreement to the content of the Country Program Action Plan (CPAP) and to the commitments for implementing the Country Program (CP), and

extending their mutual agreement and cooperation to implementing the Plan of Action of International Conference on Population and Development (ICPD), Sustainable Development Goals (SDG), International Covenant on Economic, Social and Cultural Rights 1966, Convention on Elimination of All Forms of Discrimination against Women 1979, Beijing Declaration and Platform for Action 1995, Convention on the Rights of the Child 1989, Convention on the Rights of Persons with Disabilities 2006, and other international obligations;

building upon experience and progress achieved in implementing the previous CP, as described in the CP document for Kazakhstan 2016-2020 DP/FPA/CPD/KAZ/4;

commencing a new period of cooperation;

declaring that these commitments will be performed in the spirit of friendly cooperation have agreed on the following:

### **Part 1. Framework for Mutual Relations**

The terms, immunities and privileges laid out in the Standard Basic Assistance Agreement (SBAA) signed by the Government and United Nations Development Program (UNDP) on 4 October 1994 shall apply to this CPAP.

For the purposes of continuing the mission and activities of UNFPA in Kazakhstan, the CPAP shall be the instrument described in SBAA as the “Project Document” with all rights, duties, responsibilities and privileges assigned to the respective Parties with regard to this instrument.

The CPAP is based on UNFPA CP 2016-2020 DP/FPA/CPD/KAZ/4 endorsed by the Government and adopted by the Executive Board of UNDP and UNFPA on 30 June 2015. The UNFPA CP, in turn, is based on the Partnership Framework for Development (PFD), Kazakhstan, 2016-2020.

## Part 2. Situation Analysis

Kazakhstan is a country with abundant natural resources; the economy is successfully developing and coping with problems owing to reasonable governance. However, now the economy of Kazakhstan is strongly exposed to the pressure of dropping prices of oil and other natural resources, crisis in China and Russia, as well as other external factors.

As of 1 December 2015, total population of the Republic of Kazakhstan amounted to 17.4 million (63<sup>rd</sup> position in the world) with a very low density which has slightly grown in the last 5 years but remained below 6.4 people/km<sup>2</sup>. Kazakhstan is characterized by large distances and uneven distribution of population across the country; the southern regions being thickly populated while western and northern-eastern regions – least-populated.

In 2014, the natural increase was 15.6 per 1000 (crude birth rate was 23.1 per 1000; crude death rate was 7.6 per 1000); it has grown 3.4 times in the last 15 years compared to 1998, the year of the lowest natural increase (4.6 per 1000).

The birth rate is determined by total fertility rate (TFR) as well; this rate represents the average number of children born per woman during the entire reproductive period, at the age 15-49 years. In the last three years the TFR has remained 2.6; this is half as much as in 1999. The birth rate growth is due to a peculiar age structure of population rather than birth promotion policy only: in 2000, large generation born in the second half of 1980-ies achieved the reproductive age. In future, we may expect drop in the birth rate because the generation of late 1990-ies will achieve the reproductive age.

The population of the country is quite young; the median age is 29 years. The proportion of young people aged 14-28 in total population is 25%. The Government recognizes that such a high proportion of youths lays a background for economic development and it undertakes certain measures on the national level to improve capacities of youths.

At present, Kazakhstan is the upper-middle income country. It is 56<sup>th</sup> in the Human Development Index with positive prospects (Human Development Report, 2015).

Maternal, infant mortality and life expectancy have significantly improved. The infant and maternal mortality has dropped 4.5 times versus 1990. Infant mortality dropped from 45.8 per 1,000 live births in 1990 to 9.7 in 2014, while maternal mortality dropped from 55 per 100,000 live births in 1990 to 11.7 in 2014. In Kazakhstan, the life expectancy at birth grew by 4 years from 67.6 in 1991 to 71.6 in 2014. The Government set the task to reduce maternal mortality to Western European level (4-5 per 100,000 live births) and increase life expectancy to 80 by 2050.

Despite 1.5 time increased health expenditures in absolute terms from 562.8 billion Tenge in 2010 to 869.7 billion Tenge in 2014; the percentage of total health expenditures to GDP came to stagnation and varied between 2.3% - 2.4%. Whereas WHO recommends to allocate at least 4% of GDP to the health sector, while in OECD (Organization for Economic Cooperation and Development) countries the public health expenditures amount to 6.5% of GDP.

The progress achieved in maternal mortality in the last 5 years results from implementation of efficient perinatal technologies recommended by WHO. From 2011 on, these technologies were implemented as pilot models and then disseminated countrywide

covering 16 regions using public resources and technical assistance of UN agencies. On-going regional cascade training for healthcare professionals and implementation of perinatal care regionalization, as it was recommended by WHO, enabled appropriate and well-timed care to women with high-risk pregnancies at all levels, including women from distant settlements, as well as sound use of technical capacities of obstetric service, including human resources, equipment, medical ambulance. Besides, introduction of confidential enquiries into maternal deaths *Beyond the numbers* along with the above interventions has significantly improved quality of emergency care in obstetric conditions with a positive impact on maternal mortality. In the last few years, the deaths caused by obstetric hemorrhage have significantly dropped from 11.2 in 2009 to 4.3 per 100,000 live births in 2014. However, the risk of death from obstetrical hemorrhage in Kazakhstan remains quite high and is almost 5 times higher than in OECD countries (e.g., 0.7 in the UK). Despite the achievements in the reduction of maternal mortality, the structure of causes of death almost did not change. In Kazakhstan, manageable causes remain the main causes of maternal deaths where obstetric hemorrhage and sepsis are leading. According to confidential enquiries, every third death results from obstetric hemorrhage and every sixth death results from obstetric sepsis. In indirect (extragenital) causes of maternal deaths the somatic pathologies account for slightly more than 25% of total maternal deaths. The confidential enquiries found that only 16% deaths were unavoidable, while in all other instances obstetrical errors along with background extragenital pathologies led to death.

Inadequate availability of contraception encourages artificial termination of unwanted pregnancy. Abortion remains quite a prevalent way of birth control in Kazakhstan with every fifth pregnancy ending with abortion.

In 2014, 83,709 abortions were reported in the country this is 18.3 per 1000 women aged 15-49. The abortion rate was much higher among vulnerable groups. It is 28.0 per 1000 among persons with disabilities and 32.0 among persons living with HIV. A downward trend of total abortions has been observed in recent years; though abortions in private healthcare settings are not fully captured by the official statistics. Some uncertainty exists due to underreporting of abortions.

Despite insistent recommendations of WHO to use medical termination or vacuum aspiration for safe abortion, the curettage (scraping of uterine cavity) has remained the main abortion method in Kazakhstan for many years. From 2009, medical termination of pregnancy was officially implemented in the country; though the proportion of medical abortions in 2014 was 7% only.

Official statistics demonstrates decline in sexually transmitted disease morbidity; however, sentinel surveillance finds that prevalence of STIs is more than it is officially reported.

For example, according to sentinel surveillance in 2013 the estimated number of sex workers amounted to almost 20,000 people, each of them had 3 sexual transactions per day, and all together – above 20 million sexual transactions a year. According to the Republican AIDS Center, in 2013, syphilis antibodies were detected in 17.7% sex workers, 44% had at least one STI symptom during the last 12 months. Syphilis prevalence among sex workers is the evidence of irregular use of condoms and, consequently, high risk of unwanted pregnancy and infection spread.

Considering the fact that syphilis is STI-defining infection and syphilis blood test unlike other STI tests is quite frequent we may assume a wider spread of other STIs as well which further affects reproductive health. We may assume that some STI cases remain undiagnosed and (or) uncured due to various reasons to start with fear to visit a healthcare facility to lack of knowledge of STI symptoms.

The UNFPA's survey of youths in 2012 aroused concerns finding that almost half of the responding adolescents aged 15-19 had episodic or regular sex. The considerable part of adolescents was not concerned about promiscuous sexual relations with a higher risk; the use of contraception among adolescents and youths is not common for their reproductive behavior yet. Besides, the adolescents are not well informed of preventive behavior and practice risky sexual behavior.

One of the existing problems includes the absence of guidelines for STI syndrome management in PHC settings coupled with the existing health care monopoly of specialized STI dispensaries which provide care only when requested by patients. Consequently, the absence of early detection mechanisms and complicated patient pathways lead to the spread of infections and the scope is difficult to measure due to the lack of reliable statistics.

Despite significant proportion of active age population, the use of contraception in Kazakhstan remains limited. According to Multiple Indicator Cluster Surveys (MICS 2006, 2011), the coverage of married women aged 15-49 with advanced contraception was 50% in 2006 and 49.5% in 2010, while the unmet needs in advanced contraception are not changing and remain 11%.

Intrauterine devices remain the main contraception method (33.5%) in Kazakhstan, 7.2% couples use male condoms and only 7.1% regularly use oral contraceptives. It should be noted that the income level influences contraception coverage, as well as choice of contraception. 55% richest and only 45% poorest women use advanced contraception, while 90% poorest and 55% richest women use intrauterine devices.

The focus-group interviews of the Kazakh Association of Sexual and Reproductive Health (2011) on the attitude to family planning found quite a high level of awareness of various contraception methods. The respondents noted that the key challenge which restricts access to contraception is high price. For youths, apart from high price, another barrier is the lack of confidentiality during the counselling visit or choice of contraception. The respondents mentioned that it was difficult to find injectable methods and spermicides in pharmacies; while intrauterine devices are in many cases were absolutely unaffordable to young girls both in price and the need to visit a doctor. At the same time this interview found that condoms and birth-pills were the most convenient methods for unmarried men and women.

It should be noted that pharmaceutical market in Kazakhstan is 98% private and the government has no mechanisms of price control. Moreover, contraception is not provided for free or subsidized. At present, the contraception market in Kazakhstan is the most expensive one among all ex-soviet countries.

According to the existing legislation, the government guarantees delivery of family planning services and does not restrict the rights of people to selection of contraception method; on the other hand, it does not assume responsibility for the provision of contraception. Contraception for vulnerable groups is not included into the guaranteed healthcare benefit package. The only chance to get contraceptives for free is financing from local (oblast)

budgets subject to availability of resources. This effort is not systemic; it is difficult to assess these activities due to the absence of official monitoring.

According to conventional international scientific approaches, the contraception expenses should not exceed 1% of the couple's income. If they exceed it leads to lower probability of using contraceptives or refusal to use them altogether. Contraception affordability analysis undertaken in Kazakhstan in 2014 by an international expert of the UN Population Fund revealed significant limitations in using contraception by the majority of population. In practice, people may afford inexpensive IUDs only and even better-off people have a limited choice of contraception.

The national survey of reproductive health of adolescents and young people aged 15-19 supported by UNFPA (2011) found that 64.6% youths had first sexual intercourse at school age before attaining majority; 13.6% youths had first sexual experience before the age of 15, and 50% by the age of 18.

Quite a lot of adolescents are not concerned about uncontrolled sex behavior with higher risk. Use of contraceptives by adolescents and youths is not peculiar to their reproductive behavior. In addition, adolescents are not well informed of preventive behavior and safe sex. Approximately 40% adolescents with sexual experience had two and more partners; such behavior is observed in each adolescence age (15-19) at least in 30% instances. Of all girls-respondents who were pregnant, 62% pregnancies ended with abortion and 38% - with childbirth.

Due to the limited access to services, methods and information the birth rate among adolescent girls remains high. Age-specific birth rate among girls aged 15-19 years in Kazakhstan grew from 28.3 per 1000 girls of this age group in 2010 to 34.7 in 2014; this is 6 times higher than in OECD countries where it varies between 4 to 6 per 1000 girls of this age. The developed countries provide a government-funded universal access for adolescents and young people to information and formal education on sexual and reproductive health, as well as to youth-friendly services satisfactory to their needs in confidentiality and integrity of care, counselling and information on prevention of unwanted pregnancies and sexually transmitted infections.

According to UNFPA surveys, adolescent girls in rural regions of the country experience unwanted pregnancy and adolescent childbirth 12% more frequently than urban girls. Rural adolescents and young migrants are most sexually active and less informed which means very limited access to services, methods and information on family planning to this group. Rural girls practice early marriages more frequently; such marriages are accomplished without girls' consents (bride-stealing) which is a violation of human and child rights recognized by Kazakhstan when it ratified respective conventions. The number of married minor brides is almost 20 times higher than minor bride-grooms. This is the evidence of forced nature of such marriages.

Adolescent wives are exposed to pregnancy and/or birth-related complications more frequently because of age-specific physiology. Girls married at early age are not aware of contraception and have limited access to services and means of family planning. Getting married, girls have to drop studies and deprive themselves of fulfillment and finally it affects development of labor potential and socio-economic welfare of the country.

Youths are in the group of high risk of HIV infection, because very often they do not have access to information and family planning services. According to MICS 2011, only 36.2% women and 34.1% men aged 15-24 years had a comprehensive idea of HIV prevention; however, girls aged 15-19 were the least informed of HIV prevention and prophylaxis.

Adolescents are very poorly informed of mitigation of HIV transmission risk. According to UNFPA study (2012), 41% respondents thought that the risk of HIV and STI transmission might be mitigated by having one sexual partner only; 41.5% respondents expressed doubts; and 17.5% respondents thought it was impossible to mitigate the risk. Only 12.4% youths aged 14-19 could correctly answer the question about HIV transmission routes.

Sexual activity of 15-19-year-olds makes them exposed to sexually transmitted infections. STI signs were reported in 3.1% adolescents and youths aged 15-19; while 5.2% were unaware or did not remember having a STI. Due to a limited access of adolescents to reproductive health services, only 25% young people with STI signs visited healthcare facilities.

Low availability of reproductive health services for youths is due to a limited number of youth-friendly centers, especially in rural areas, and lack of quality monitoring and evaluation of services provided by the centers; and the lack of confidentiality worsens vulnerability of adolescents and young people.

Another limitation is the existing national legislation that does not permit adolescents until the age of 18 to make decisions with respect to reproductive health on their own. Legislation of Kazakhstan treats matters related to health care as civil matters and applies general rule of legal competence to any legal relations, i.e. legal competence to exercise one's rights in full and balanced with capability to assume various obligations and bear full responsibility for one's deeds. The experience of developed countries seems positive in this respect; these countries apply the term of "medical competence" where the minors get a self-determined access to certain health services. Types of such health services are determined by real biological and social maturity of a minor rather than calendar age of a patient. One way or another, approaches are determined entirely by the interests of an adolescent.

Legal framework of Kazakhstan provides for some instances when the age for entering any legal relationship is lowered to 16 years, for example:

- a minor aged at least 16 may be declared sui juris when he/she works under an employment contract or carries on business with the consent of legitimate representatives (Article 22-1 of the Civil Code);
- registering authorities may lower the age of marriage by up to two years due to reasonable excuses, such as pregnancy, birth of a common child (Article 10 of the *Marriage and Family Code*).

Therefore, amendments are needed to introduce a threshold age when minors can enjoy all rights in the area of reproductive health care.

In Kazakhstan, HIV-infection is concentrated. As of 01 January 2015, total number of HIV-infected citizens of Kazakhstan from the inception of HIV reporting (1987) is 22474 people. HIV prevalence is 0.09%. The share of women is growing in total structure of people living with HIV. In 2013, women among newly diagnosed HIV amounted to 44.1% (2011 – 39.6%; 2012 – 41.9%), while the share of men is decreasing (2013 – 55.9%; 2011 – 60.4%,

2012 – 58.1%). Sexual intercourse as the route of HIV transmission accounted for 5% in 2001 and grew to 60% in 2013.

Every year, a number of pregnant women newly diagnosed with HIV are growing; in the last five years the prevalence of new HIV cases among pregnant women has grown 10 times. In 2014, 315 pregnant women were first diagnosed with HIV. Among women living with HIV, abortion rate is 9 times higher than in general population and is 32 abortions per 1000 women of this group. 54.6% women living with HIV are not aware of methods to prevent unwanted pregnancy.

Preventive antiretroviral therapy (ART) to prevent HIV transmission from mother to child is in the guaranteed healthcare benefit package. Over 90.7% pregnant women with HIV received preventive ART and 97.3% children born from HIV-infected mothers.

In Kazakhstan, there is no policy addressing delivery of family planning services to vulnerable population with special needs (people with disabilities, adolescents, migrants) and population with high HIV-infection risk (injection drug users, sex workers) and people living with HIV.

In the last 7 years, Kazakhstan has achieved some progress in human rights protection and promotion of gender equality. Key legislative documents were adopted to address prevention of domestic violence and counteraction to human trafficking, pension coverage, as well as gender equality strategy during the period 2006–2016. Kazakhstan improved policy mechanisms in order to eliminate discrimination against women and facilitate gender equality, including engagement of women to political and social life, achievement of 30% representation of women in decision-making process in the elected or appointed authorities. Recommendations and comments of UN member-states to the third and fourth reports of Kazakhstan to the Committee on Elimination of All Forms of Discrimination against Women in the framework of Universal Periodic Review of Human Rights confirm the need to further promote gender equality and prevent discrimination and violence against women by the government. Commitment of the state to the nine main international treaties on human rights will continue strengthening women's status from the perspective of human rights and main freedoms in all life aspects.

Some forms of outdated patriarchal relationship and unfair gender stereotypes continue to exist and favor early adolescence marriages and polygamy in some ethnic groups.

According to the survey, almost half women exposed to gender-based violence never tried to seek help from law enforcement authorities and support from relevant institutions. 40% women who visited gynecological or trauma clinics, as deemed by specialists who received such women, were objects of gender-based violence. Despite such views, gender-based violence is almost not filed by healthcare authorities. The country did not advance in efficient mechanisms to respond to gender-based violence in order to involve inter-sector approach of health, social and law enforcement sectors.

The Government continues to emphasize the need to increase population of the country, leverage distribution of population by regions and support birth rate. At the same time, demographic development, population flow projection and its linkage to sustainable development, reproductive health and reproductive rights, as well as enhancement of gender equality, support to family and vulnerable population have not been systematized into the uniform demographic policy yet.

Next census will take place in 2020. The government expects that another census of 2030 will be based on population registry system. At present, there are a number of registries maintained by some ministries and agencies and covering certain groups of population. Now, there is a need to create a unified national integrated system of registries to be used in efficient planning and monitoring of development programs.

The economic situation at the end of 2015 significantly worsened in contrast with the previous years. The lessons learnt from the economic crisis of 2008, in the first semester of 2009 showed the drop of gross domestic product in Kazakhstan by 2.4%. Vulnerable population was challenged with serious decline in living standards due to devaluation of local currency Tenge as well and growing food and drug prices. It is similar to the situation in early 2016.

Recently, Kazakhstan has been demonstrating impressive economic growth, though the health and social development rates were behind economic growth; this may worsen the status of socially vulnerable groups in the context of crisis and devaluation. Public health and social expenditures remain relatively low; in mid-2015, the public health expenditures amounted to 2.4% and 4.1% of GDP respectively and may go down as a result of budget sequestration, especially with regard to capital expenditures in these sectors.

The financial crisis impact assessment shows that the main problems emerging in the country are related to quality of food, leisure activities, paid services (assuming that the majority of family planning and reproductive health services are fee-based only or people traditionally prefer paid services to the free-of-charge alternatives because they think that a paid service guarantees anonymity) rather than delivery of constitutional services (healthcare, education).

These challenges are recognized by the government and it makes appropriate steps. The Annual Address of President Nazarbayev to People of Kazakhstan of 30 November 2015 introduced five areas of crisis response and structural transformation of economy; and on 1 January 2016 practical implementation of the Nation's Plan 100 Specific Steps to Implement 5 Institutional Reforms was commenced.

Therefore, the above assessment clearly demonstrates significant progress of the Government of Kazakhstan and non-governmental sector in the last ten years. However, in the context of strong pressure of crisis it is necessary to retain these achievements and continue progress in order to ensure continued decline of maternal mortality, increase of life expectancy, prevention of STI outbreaks, including HIV-infection, reduction of unsafe abortion rate, improved knowledge of young people and adolescents of sexual and reproductive health care, efficient response to gender-based violence, development of gender and demographic policy, and other indicators. Resolution of the above issues will raise quality of life. And in these particular areas the Country Office of UNFPA in Kazakhstan is ready to provide support and assistance.

### **Part 3. Previous Cooperation and Lessons Learnt**

UNFPA commenced its operations in Kazakhstan in 1992 after collapse of the Soviet Union. Until 1999, the assistance to the country was provided in the framework of the regional



program for the Central Asia and essentially as an emergency aid to improve mother health through delivery of medical equipment and medicines to perinatal centers and maternity hospitals, contraceptives for population, and training of healthcare personnel. UNFPA operated mostly in Kyzylorda and South-Kazakhstan Oblasts. Besides, UNFPA jointly with the UN Statistics Division assisted Kazakhstan in the first census of the independent Kazakhstan in 1999 by providing necessary technical and advisory support to preparation and delivery of the census, training of personnel and data processing.

The first UNFPA CP in Kazakhstan in 2000-2004 strengthened national capacity in policy design on safe motherhood and reproductive health and improved access to appropriate information and services in pilot regions. The pilot regions included South Kazakhstan, East Kazakhstan, mainly Semipalatinsk region, Karaganda, Akmola (now Astana) and Almaty. The support was provided on the national level to data collection, processing and analysis and recommendations were prepared on data use in social development planning.

The second UNFPA CP (2005-2009) addressed linkages between population, sustainable development and poverty in order to raise efficiency of government policy on improving welfare of residents of the country; dissemination of pilot safe motherhood program, creation of critical mass of healthcare professionals trained on efficient perinatal technologies and family planning. A special focus was turned to control over spread of HIV-infection and violence against women.

In the framework of the second CP technical assistance was provided to preparation and delivery of census of 2009; obtainment of information and preparation of analytical reports on vital population issues, including crude mortality, family status, ageing and migration; it helped to develop a youth movement to deliver peer-to-peer training on SRH, prevention of unwanted pregnancy, STI transmission, including HIV; training of healthcare personnel and improvement of quality of reproductive health services to youths. The impact of the program was largely determined by successful pilot project in South-Kazakhstan Oblast as a model replicated in the former Semipalatinsk nuclear test site.

The third UNFPA CP (2010-2015) addressed quality of mother care services, improved access to services and information on sexual and reproductive health care, prevention of gender-based violence, and provision of evidence on vital population issues, promotion of needs of vulnerable population in the regional and national development programs. The UNFPA CP supported progress in the following areas:

- (a) implementation of efficient perinatal technologies and regionalization of perinatal care which improved referral of pregnant women with a risk of obstetric complications and premature birth to the appropriate perinatal care level;
- (b) improvement of monitoring of maternal mortality through implementation of confidential enquiries into maternal morbidity on the national level and enquiries into critical obstetric complications in pilot obstetric facilities;
- (c) advocacy of the need for access to family planning means and services through preparation of situation analysis for the period 2008-2014 and contraception market segmentation study for follow-up development of reproductive health care strategy in Kazakhstan;
- (d) expansion of youth volunteer network Y-Peer in Kazakhstan for peer-to-peer SRH training and strengthening leadership qualities of young people;

- (e) advocacy of the need of comprehensive sexual education and pilot implementation of *Wellness* course with a stronger reproductive health care component for college students;
- (f) provision of evidence and advocacy of the need for access to services and information on mother and reproductive health care, family planning and STI prevention, including HIV for vulnerable groups (adolescents and youths, people with disabilities, migrants) and target population (people living with HIV and sex workers);
- (g) engagement of religious Islamic and Orthodox Christian leaders in Kazakhstan in promotion of mother and reproductive health care, prevention of unwanted pregnancy, STI/HIV, prevention of gender-based violence, early and forced marriages;
- (h) strengthening capacity of government and policy decision-makers to understand demographic trends and linkages of population and development.

Independent assessment of the third UNFPA country program made the following recommendations for the next CP:

- (1) improve national engagement and responsibility for the outputs from government and government institutions;
- (2) review and extend resource diversification strategy to finance UNFPA program;
- (3) improve continuous monitoring program and assessment of country program performance;
- (4) ensure universal access to good-quality services and information on sexual and reproductive health care;
- (5) ensure incorporation of comprehensive sexual education in the existing formal curriculum;
- (6) strengthen partnership with civil sector and religious organizations with regard to mother and reproductive health care, prevention of unwanted pregnancies and STI/HIV, prevention of gender-based violence, early and forced marriages;
- (7) strengthen institutional capacity in demographic education, population projections for policy-making based on human rights with a focus on the needs of vulnerable population.

#### **Part 4. Proposed Program**

CPAP for Kazakhstan is based on the Program Document for Kazakhstan DP/FPA/KAZ/4 approved by the Executive Board of UNFPA and UNDP on 30 June 2015. CPAP is developed in accordance with the Partnership Framework for Development (PFD) for the Republic of Kazakhstan, 2016-2020, in the course of consultations with the government organizations, non-government sector, UN agencies and donor organizations. The CPAP is fully aligned with the UNFPA Strategic Plan, 2014–2017. The CPAP is focused on the assistance to the country in achieving Sustainable Development Goals (SDG). It will support implementation of the national priorities, including long-term Strategy Kazakhstan-2050, Economic Policy *Nurly Zhol*, National Program of Healthcare Development *Densaulyk* 2016-2020 with a focus on universal access to sexual and reproductive health care services.

Program implementation will rely on the principles of respect for human rights, including reproductive rights, i.e. rights of women, men and couples to make informed

decisions on whether to have children, and, if yes, how many, on timing and spacing of births, as well as rights for sexual and reproductive health care, family, motherhood and fatherhood and human dignity rights. The program will rely on Universal Declaration of Human Rights 1948, International Covenant on Economic, Social and Cultural Rights 1976, Convention on the Elimination of All Forms of Discrimination against Women 1979, Convention on the Rights of the Child 1989, Convention on the Rights of Persons with Disabilities 2006 and other UN instruments ratified by Kazakhstan.

Implementation of the new UNFPA program will contribute to the achievement of four out of six PFD outcomes in 2016-2020, such as: (1) improved and equal access to comprehensive high-quality social services (health, education, social security, rights, etc.) for people of Kazakhstan, including socially vulnerable and disadvantaged persons and groups, (2) holders of rights are involved into decision-making and implementation on the national and local levels to foster human rights, 3) judicial and legal systems and government institutes are fair, responsible, accountable and available to all; and 4) the Government jointly with partners contribute to the achievement of SDGs in the region and is the leader in promotion and implementation of the United Nations principles, standards and conventions. The outputs of UNFPA CP will contribute to joint program outcomes of the UN on the country level. The following table demonstrates the linkage of joint program outcomes, UNFPA outputs and UNFPA Strategic Plan 2014-2017:

Outputs of UNFPA Country Program 2016-2020	Joint Country Output of PFD 2016-2020	Outcomes of UNFPA Strategic Plan 2014-2017
1. Strengthened policy and institutional mechanisms for the improved access of people to integrated high-quality reproductive and sexual health care services with a focus on more vulnerable and target groups	Improved equal access to comprehensive high-quality social services (health care, education, social security, rights, etc.), including for socially vulnerable and disadvantaged persons and groups	Improved availability and use of integrated reproductive and sexual health care services (including family planning, mother health and HIV) that are gender-sensitive and in line with human rights standards in terms of quality of services and equal access
2. Strengthened national legislation, policy and programs allowing for the rights and needs of young people and youths		Stronger priority of national policies and development programs aimed at adolescents, especially girls with a focus on improved access to comprehensive sexual education and sexual and reproductive health care
3. Strengthened national policy and institutional mechanisms for promotion of gender equality and prevention of gender-based violence and damaging practices /customs	Judicial and legal systems and government institutes are fair, responsible, accountable and available to all	Facilitation to full achievement of gender equality, empowerment, including reproductive rights, of women and girls with a focus on more vulnerable and marginalized women, adolescents and young people

4. Strengthened national data systems and improved access and availability of evidence-based analysis of population flows and linkage to sustainable development for policy-making based on protection of human rights	Holders of rights are involved in decision-making and implementation on the national and local levels resulting in facilitation of human rights	Improved national policies and international development strategies through integration of evidence-based analysis of population flows and linkage to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality
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UNFPA CP 2016-2020 will use the following strategies and is focused on

- a) advocacy and policy dialogue to ensure reproductive rights and universal access to integrated mother, reproductive and sexual health care services with a focus on more vulnerable groups;
- b) empowerment of young people and access to comprehensive sexual education;
- c) strengthened policy and institutional mechanisms to promote gender equality and prevent gender-based violence and damaging practices/habits;
- d) supported data collection, access and analysis to inform policy-making in the field of population flow and its linkage with reproductive and sexual health and reproductive rights.

The Program components will include reproductive and sexual health, adolescents and young people, gender equality and empowerment and population and development.

### **Reproductive and Sexual Health**

Output 1 of UNFPA Country Program on reproductive and sexual health care will include strengthened policy and institutional mechanisms to improve access of population to integrated high-quality reproductive and sexual health care services with a focus on more vulnerable population. The UNFPA efforts will include policy dialogue and advocacy of interests of vulnerable population, as well capacity of the country for the development and implementation of national strategies and action plans in the field of reproductive health care and family planning. This goal will be achieved through the following objectives:

1. Increase investments into reproductive health care and family planning services;
2. Create favorable conditions for the access to reproductive health care and family planning services, especially to vulnerable and target population;
3. Develop and implement additional national clinical guidelines and standards on sexual and reproductive health;
4. Develop capacity and empower midwives and nurses of obstetrical facilities, support the development of active position of their professional associations;
5. Strengthen national system of confidential enquiries into maternal and perinatal mortality and morbidity;
6. Ensure data collection on the status of reproductive health, needs and services;

7. Improve preparedness of the country to render adequate services to ensure reproductive and sexual health services in emergencies.
8. Develop mechanisms of public-private partnership in the field of sexual and reproductive health care.

It is expected that technical assistance will be provided to the central and local executive bodies of the Ministry of Health and Social Development and their subordinate centers (Republican Center for Healthcare Development, National Research Mother and Child Health Center, Research Center of Obstetrical Gynecology and Perinatology) to the development of strategic approaches to organization of high-quality health services and implementation of national and regional healthcare development programs with wide engagement of civil society, non-governmental organizations, professional associations (Kazakh Association on Sexual and Reproductive Health, Kazakh Association of Family Doctors, etc.). Emphasis will be on the development of capacities of national partners in the development of strategic documents and policy-making on sexual and reproductive health care to create appropriate conditions for the implementation of documents. This approach is necessary to ensure sustainability of obstetric practices in line with efficient perinatal technologies and family planning program, improve antenatal care, and secure safe abortion in PHC settings.

Country Program Component *Sexual and Reproductive Health*, Objective 1: “Increase investments into reproductive health care and family planning services”. This objective will address improvement of sexual and reproductive health care service development by selecting priorities with allocation of financing, further encouragement of clinical practice recommended by WHO and measurement of progress in achieving the objectives. It is planned to develop a national sexual and reproductive health care strategy which will be integrated into the government healthcare development program as a separate area of activities. The strategy will be focused on particular problems identified in the course of situation analysis and projection of financial costs needed to achieve the set goals. Directions of activities of the strategy will be based on global and regional equivalents updated by WHO\UNFPA and will correspond to four functions of health system (governance and management, financing, resources, service delivery). When the strategy is integrated into the government program it will correspond with some of its objectives. Considering for inadequate capacity of the country in the development of similar documents it is planned to start with development of family planning strategy with three key components – services rendered by healthcare facilities, contraceptive safety and raising awareness and education with a focus on the needs of adolescents and young people. In future this strategy and the prepared expert capacity of the country will be the basis for the development of a comprehensive mid-term strategy on reproductive and sexual health care for people of Kazakhstan. This approach will help to convince health policy- and decision-makers to increase financing to support mother and reproductive health and efficient distribution of funding within the mother and child health care service.

Along with these activities in order to increase investments into reproductive health care and family planning the support will be provided to studies; analytical reports will be prepared to collect evidence of efficiency and cost-effectiveness of investment into family planning, safe abortion, STI prevention and safe motherhood programs. The obtained evidence

will support UNFPA activities in advocacy of interests of vulnerable population in contraceptive safety and improved access to reproductive services. In Kazakhstan, the vulnerable population includes adolescents and young people, especially from socially disadvantaged and rural families, as well as young labor migrants, persons with disabilities and high behavioral risk of HIV transmission group (injection drug users, sex workers, etc.).

To enhance capacity of the country in contraceptive safety of people in Kazakhstan with a focus on the needs of adolescents, youths and socially vulnerable population the public-private partnership mechanisms will be developed to attract additional financing. For this purpose it is proposed to develop and implement strategic market-wide approach recommended by UNFPA to address contraceptive safety through engagement of private sector and Government Health Insurance Fund, as well as advocate the use of international Access RH system in Kazakhstan created by UNFPA to minimize purchasing price of contraception.

Country Program Component *Sexual and Reproductive Health*, Objective 2: “Create favorable conditions for the access of people to reproductive health and family planning services, especially for vulnerable population”.

Favorable environment will be created through the improved regulation of access to reproductive services and family planning means. This work includes policy-making for the guaranteed provision of minimum package of advanced contraception to vulnerable population for free of charge or price subsidy, as well as further improvement of youth centers by amendments to regulations with regard to quality of performance (accreditation, monitoring and evaluation of efficiency of rendered services, certification and criteria to HR development to work in such centers). Technical assistance is planned to create information system for needs projection, planning and record of contraception supplies in PHC settings and youth centers. Such assistance may be provided in the form of expert advice by international consultants, technical advisory workshops to train national experts and trainers on family planning, antenatal care, safe abortion to support cascade sub-regional training centers established in the country for the continuous training of healthcare professionals. Besides, advocacy is planned in the form of round tables and workshops for decision-makers on national and regional (oblast) levels.

To strengthen capacity of obstetric service in implementation of efficient perinatal technologies into the practice of obstetric hospitals and improve quality of family planning counselling by PHC facilities, further capacity building of midwives and nurses, enhancing their duties and active engagement into decision-making on mother and reproductive health care through the creation of professional organizations on the national and regional levels are planned. Besides, it is planned to review and update the existing college curricula for nurses as to correspondence with the implemented safe motherhood and family planning programs.

Country Program Component *Sexual and Reproductive Health*, Objective 3: “Strengthen the national system of confidential enquiries into maternal and perinatal mortality and morbidity”. Introduction of confidential enquiries into maternal mortality and morbidity from 2009 into the health system following WHO methodology “Behind the Figures” proved highly efficient in improving quality of clinical practice of obstetric facilities and supported implementation of efficient perinatal technologies recommended by WHO. Following confidential enquiries into maternal deaths, the Ministry of Health and Social Development

made strategic decisions on improvement of obstetric and neonatal care; while Analysis of Critical Conditions of Obstetric Complications allowed for improvement of local management to raise quality of care in the facilities. In the framework of this Country Program it is planned to provide further technical assistance to the two implemented approaches to confidential enquiries into maternal mortality and morbidity. Expert technical assistance is suggested through preparation of a summary report on the performance for several years and implementation of key recommendations of enquiries. Besides, it is planned to expand enquiries into perinatal mortality which implies technical external expert assistance in methodology and support of the national team to undertake enquiries into perinatal losses on the national level.

Country Program Component *Sexual and Reproductive Health*, Objective 4: “Develop and implement additional national clinical guidelines and standards on sexual and reproductive health”. The previous UNFPA Country Program was focused on strengthening capacity of national experts and development of basic clinical guidelines on obstetric and neonatal care, family planning and antenatal care. This work will continue in the next program cycle in the form of technical support to institutionalization of development of clinical guidelines and manuals on sexual and reproductive health and development of supplementary clinical guidelines. It is planned to provide expert support to the Standardization Center of the Republican Center of Healthcare Development in the development of mechanisms for dissemination and quality monitoring of translating new guidelines into the practice of healthcare organizations. A focus will be made on improvement of PHC performance in implementation of new evidence-based guidelines on integrated reproductive health care and family planning.

Country Program Component *Sexual and Reproductive Health*, Objective 5: “Ensure collection of data on the status of reproductive health, needs and services”.

Management decision-making requires analysis of information where completeness and quality of statistics play a critical role. This objective is related to creation of sustainable mechanisms of providing evidence for the development of policy priorities. Technical expert support is suggested to improve existing information system for monitoring of reproductive health indicators, as well as various studies on the status of reproductive health of various population groups. It is expected to ensure collection of disaggregated statistical data by gender, age and social status and incorporate such data as coverage with contraception and services provided by youth centers.

Country Program Component *Sexual and Reproductive Health*, Objective 6: “Improve preparedness of the country to deliver adequate reproductive services in emergencies”. Following the assessment of the country’s preparedness to deliver care in crisis, the need was identified to strengthen capacity of local health departments in the development of disaster response plans, as well as skills to project risks and plan necessary resources. Besides, the country does not have standards on training healthcare professionals to deliver care in emergencies. Technical assistance and advisory workshops are planned in these areas for key experts of the country. Advocacy activities for decision-makers on the national level (round tables, preparation of information materials, presentation of experience of pilot implementation in one oblast) are planned for integration of reproductive services into comprehensive response plan to crisis situations.

## Adolescents and Young People

This component of the country program is aimed to achieve output 2: Strengthened national legislation, policy and programs considering for the rights and needs of young people and adolescents, improved availability of comprehensive sexual education and SRH. Activities under this component will contribute to achievement of PFD output 1.1: Improved equal access to comprehensive high-quality social services (healthcare, education, social security, rights, etc.), including for socially vulnerable and disadvantaged persons and groups.

The goal of this component of the UNFPA Country Program will be achieved through the following:

1. Ensure reproductive rights of adolescents and young people, in particular, access of adolescents and young people to sexual and reproductive health care services and relevant information /education;
2. Incorporate comprehensive SRH education in the national formal education system;
3. Expand the national Y-Peer network to make it a reliable partner of the government in providing adolescents and young people on the local level with information and education on leadership, sexual and reproductive health and gender equality;
4. Ensure availability of evidence on the needs of adolescents and young people.

Country Program Component *Adolescents and Young People*, Objective 1: “Ensure reproductive rights of adolescents and young people, in particular, access of adolescents and young people to sexual and reproductive health care and relevant information /education”.

Based on the concept of reproductive rights and vulnerability of adolescents and young people in Kazakhstan in the context of access to reproductive health care services, it is necessary to amend laws of Kazakhstan in order to ensure better access of adolescents and youths to SRH services and education. UNFPA will continue advocacy and promote legislative guarantee of reproductive rights of adolescents and youths and their access to reproductive health care services on the level of government and policy decision-makers. In particular, the need to revise the age of young people to give a voluntary informed self-consent to health services, by lowering it by law to 16 from the present 18 years (to amend the Code on Health of the Nation and Health System) will become one of the key issues for advocacy in accordance with principles of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the need for the government to consider incorporation of contraception into the guaranteed health benefit package for socially vulnerable population, including adolescents and youths under 24 will be another focus for UNFPA’s advocacy.

UNFPA will provide technical assistance to strengthen capacity of public health experts and non-governmental organizations in raising awareness of the general public with a focus on vulnerable women and youths about reproductive health services, family planning, STI prevention and treatment, prevention of HIV transmission.



Country Program Component *Adolescents and Young People*, Objective 2: “Incorporate comprehensive SRH education into the national formal education”.

Considering that the Kazakh legislation does not ensure access to sexual and reproductive health care training, and the existing education system does not cover awareness of young people in this area to the full extent, the UNFPA will continue dialogue on policy level and support formal training of adolescents and youths on sexual and reproductive health, prevention of STI/HIV transmission, safe sexual behavior, prevention of unwanted pregnancies in secondary and vocational schools. Technical expert support will be provided to incorporate comprehensive sexual education recommended by UNESCO and WHO to compulsory secondary school curriculum to guarantee access of young people and adolescents to SRH information.

Country Program Component *Adolescents and Young People*, Objective 3: “Expand national Y-Peer network to make it a reliable partner to the government and provide adolescents and young people on local level with information and education on leadership, sexual and reproductive health and gender equality”.

UNFPA will focus on out-of-school training of youths on leadership, sexual and reproductive health and gender equality. A special attention will be turned to partnership with non-governmental sector. By now, due to UNFPA programs in Kazakhstan, in the framework of support to Y-Peer youth movement, a pool of trained young people was created for peer-to-peer SRH training. It is necessary to ensure sustainability of this initiative; it will require empowerment of young people through institutionalization of this movement. UNFPA will support activists of youth movement in registration as a non-governmental organization to disseminate peer-to-peer training and ensure a significant coverage of young people with training on safe sexual behavior, reproductive health care and leadership skills. UNFPA will also support development of good-quality web-based resources in the Kazakh and Russian languages to offer reliable and full information to youths with due consideration of youth sub-culture.

To make a dialogue of politicians and youths successful on improvement of access to SRH services and information, UNFPA will support capacity building of youth leaders in development of leadership, communication skills to enable dialogue of youths with the authorities and youth mass media, as well as awareness on sexual and reproductive health care, prevention of sexually transmitted infections and HIV by peer-to-peer method.

Country Program Component *Adolescents and Young People*, Objective 4: “Ensure availability of evidence on the needs of adolescents and young people”.

This objective will include UNFPA’s technical assistance to study the needs of adolescents and young people with a focus on availability of SRH services and information and providing evidence to policy- and program-making process to secure reproductive rights.

UNFPA will also provide technical assistance to digital awareness raising and educational materials on sexual and reproductive health, STI and HIV/AIDS for young people, rural residents where there is no stable Internet access; to the development of available web-based resources on sexual and reproductive health in the Kazakh and Russian languages; and to monitoring and assessment of efficiency of training strategies for young people on sexual and reproductive health care and gender equality.

## Gender Equality

The this component will facilitate achievement of PFD outcome: Judicial and legal systems and government institutes are fair, responsible, accountable and available to all in the framework of the national development priority to prevent gender discrimination and ensure gender equality and equal opportunities for women and men.

To achieve the CP output under this component: Strengthened national policy and institutional mechanisms to promote gender equality and prevent gender-based violence and damaging practices/habits, the UNFPA will deliver active evidence-based policy dialogue, know-how transfer and technical assistance to the country to address the following:

1. Development of a new long-term national policy document on gender equality to incorporate recommendations of the universal periodic review and define obligations of the country with regard to reproductive rights of people of Kazakhstan with a focus on vulnerable groups, including adolescents and young people, improvement of access to SRH services and appropriate information, prevention of gender-based violence and early/forced marriages;
2. Strengthening coordinated institutional mechanisms to ensure inter-sector response to gender-based violence;
3. Strengthening partner relationships of government, civil society and religious organizations in order to facilitate gender equality and prevent gender-based violence and early/forced marriages; and
4. Promote approaches to change gender relations and engage men and boys into solving problems of gender inequality and gender-based violence.

UNFPA Country Program will provide technical assistance to the National Commission on Women, Family and Demographic Policy – the advisory body under the President’s Office in the field of development of measures to improve position and empower women, as well as concerned republican and local public administration, non-governmental organizations and mass media in strengthening national policy and institutional mechanisms to promote gender equality, empower women and girls, secure their reproductive rights and prevent gender-based violence and damaging practices/habits. A special focus of development programs and action plans will be turned to more vulnerable and marginal women, adolescents and youths, sexual and reproduction health care of such groups.

Country Outcome under Gender Equality Component, Objective 1: “Develop new long-term national policy document on gender equality”. Technical assistance will be provided to the National Commission on Women, Family and Demographic Policy and all concerned ministries and agencies in the development of a new long-term national policy document on gender equality in 2017-2025 to reflect recommendations of universal periodic review and commitments of the country to secure reproductive rights of people of Kazakhstan with a focus on vulnerable groups, their improved access to good-quality sexual and reproductive health care services and appropriate information, prevention of gender-based violence, early marriages and forced marriages. This program document will contain monitoring mechanism to secure reproductive rights of population and prevent gender violence.

UNFPA will be involved in the assessment of performance, achievements, impact on gender equality during 10 years in the framework of the Gender Equality Strategy 2010-2016 and will provide advisory and technical support to the development of the new program document, indicators and mechanisms of monitoring, particularly components on reproductive health of men and women with a focus on vulnerable population (adolescents and young people, elderly people, people with disabilities, migrants, etc.); improvement of mother health; improved access to means and information on reproductive health care and family planning; prevention of gender violence and early/forced marriages; strengthening and support to families; improved information for the development of gender equality programs – gender-specific statistics.

Country Outcome under Gender Equality Component, Objective 2: “Strengthen coordinated institutional mechanisms to secure multi-sector response to gender-based violence”.

Under this objective it is planned to advocate multi-sector interaction and gender-based violence response mechanism in the country; initiate and support dialogue of health and social development agencies, law enforcement, education and civil society for the development of multi-sector response. Health sector holds a strategic position to identify women affected by violence and/or exposed to renewed violence, deliver health and psychological care to the affected women and refer to appropriate services. Multi-sector response to gender-based violence is a complex mechanism of interaction with a clear methodology, uniform conceptual background for all involved agencies. Multi-sector interaction is based on priority of right and needs of victims of violence and implementation of the following six functions: (1) coordination/alignment of activities; (2) interventions/delivery of services to minimize consequences of violence and prevent further episodes; (3) reporting and reference system for victims of violence; (4) training programs for experts from all sectors and all levels; (5) documentation, reporting, data sharing and analysis; (6) prevention and raising awareness, prevention of violence through elimination of root causes.

UNFPA will support raising awareness and capacity building of key sectors involved in such multi-sector response to define their operating procedures in identification and follow-up of victims of violence, will share existing international practices applicable for Kazakhstan and provide technical assistance to civil servants in improvement of national and regional strategies and standards (guidelines, protocols and algorithms) of services related to prevention and minimization of consequences of gender-based violence, including in emergency situations.

Country Outcome under Gender Equality Component, Objective 3: “Strengthen partnership of government, civil society and religious organizations to support gender equality and prevent gender-based violence and early/forced marriages”.

Considering that religious organizations with fundamental values securing human rights are natural partners of the government and UNFPA in Program of Action under the International Conference on Population and Development (ICPD), in particular in improvement of mother health, reproductive health and efficient counteracting violence against women, UNFPA will continue cooperation with leading religious organizations in Kazakhstan – Islam and Orthodox Christianity - in these areas. In particular, under this CP objective the UNFPA will support policy dialogue to strengthen partnership and interaction of

government authorities, civil society and religious confessions in order to facilitate gender equality and prevent gender-based violence and early/forced marriages; align activities of government authorities, civil society and religious organizations in improvement of mother health, preservation of reproductive health of youths, and prevent early motherhood (raising awareness of children, adolescents and young people on human rights, reproductive rights and health, early/child motherhood, causes of early motherhood occurrence, recommendations on prevention of pregnancies among minors).

UNFPA will support strengthening capacity of leading religious organizations in promotion of improved mother and reproductive health, prevention of gender-based violence and damaging practices/habits, such as child marriages and forced marriages to further promote these issues among believers.

UNFPA will provide technical support to the development of training /awareness course on healthy motherhood, reproductive health, prevention of gender-based violence and early/forced marriages consistent with religious principles and to integration of this course into curriculum of Islamic and Orthodox Christian schools.

Country Outcome under Gender Equality Component, Objective 4: “Promote approaches changing gender relations and engage men and boys to resolve gender inequality and gender-based violence”.

Considering that men play an important role in gender equality in families and in making political and program decisions on all government levels, under this objective the UNFPA will advocate and provide technical support to promotion of approaches which change gender relations and engage men and boys into resolution of gender inequality and gender-based violence, strengthen the role of fatherhood and responsible parenthood to improve family position, prevent domestic violence and eliminate stereotype that passes on from generation to generation and damages position of women and children in families. For this purpose best international practice will be involved to improve mutual understanding and joint responsibilities of men and women in sexual and reproductive health, equal partnership in social and private life, campaigns promoting involvement of men as equal, violence-rejecting fathers and educators in order to achieve family well-being, equality and better health for mothers, fathers and children.

## **Population and Development**

UNFPA’s activities to achieve the outcome of the Country Program: Strengthened national data systems and improved availability of evidence-based analysis of population flows and its linkage to sustainable development for the formulation of human rights protecting policies, will contribute to achievement of PFD outcome: Holders of rights are involved into decision-making and implementation on the national and local levels resulting in facilitation of human rights.

In this area UNFPA will actively employ evidence-based policy dialogue and provide technical assistance to the country and strategic information to address the following:

1. Strengthen institutional capacity in demographic analysis and population projections as the basis for sound development and monitoring of policy in the fields of sexual and reproductive health care, gender equality and gender-based

violence, linkage of population and development considering for particular needs of vulnerable and target population;

2. Develop comprehensive population policy;
3. Undertake well-organized census in 2020 and ensure availability of census data for users at different levels;
4. Develop comprehensive system of population registries.

Members of Parliament, regional representative bodies, National Commission on Women, Family and Demographic Policy under the President's Office, Statistical Committee of the Ministry of National Economy, Ministry of Health and Social Development, Public Administration Academy under the President of Kazakhstan will be national counterparts under this component of the Program.

Country Outcome under *Population and Development* Component, Objective 1: "Strengthen institutional capacity in demographic analysis and population projections as the basis for the sound development and monitoring of policies in the fields of sexual and reproductive health care, gender equality and gender-based violence, linkage of population and development considering for particular needs of vulnerable and target population".

In the framework of the Country Program the UNFPA will provide technical assistance to the government to use demographic data for planning, development and monitoring of policies and development programs and to better understand causes behind demographic trends and consistent patterns in the country.

UNFPA will support statistical bodies in the development and monitoring of suitable monitoring indicators of SDG achievement adopted by the country in the framework of the new global sustainable development agenda in the next 15 years and implementation of advanced data collection and processing methods. The Program will continue presentation of international experience to the partners on obtainment and use of data in relevant population-related issues through engagement of international experts.

UNFPA will provide technical assistance to analysis of data collected in the national surveys – Multiple Indicator Cluster Survey (MICS) and National Domestic Violence Survey and dissemination of survey results for use in policy and government decision-making and implementation.

To improve understanding of demographic and social development of the country and factors behind such development; identify and clarify reasons behind demographic trends, including low birth rate; determine the necessary support to families in having the wished number of children and strengthen inter-generation links, efficiently support quality of life of elderly people; identify factors influencing demographic behavior of people, including migration, the government has expressed interest in delivering a national survey on Generations and Gender. This Program helps to clarify how demographic events influence life of an individual or of a couple, social integration and isolation, and changes in the quality of life which need to be understood for the development of social policy. The Program requires the government to assume financial obligations to deliver the Program. If this is the case, the UNFPA will provide technical assistance, share successful international practice and engage international expertise for the Statistical Committee to prepare and deliver National Generations and Gender Survey, as well as analyze survey data.

To ensure sustainability of institutional capacity in analysis of population trends and flows and considering for the absence of demographic education in the country it is necessary to incorporate relevant courses to the curriculum of the Public Administration Academy under the President of Kazakhstan to train and develop skills of civil servants to use knowledge of demographic analysis and linkage of population and development, as well as population projections in the development and monitoring of national and regional development programs. UNFPA will provide assistance to the Public Administration Academy to implement demographic education into skills development system of central and regional level civil servants to improve national capacity of those who make political and government decisions, assessment of demographic trends and linkages with sustainable development, reproductive health and reproductive rights, as well as strengthening gender equality, support to family and vulnerable population.

The program will support improvement of body of knowledge on migration, data collection, capacity building and promotion of policy to support national efforts on efficient response to international and domestic migration, including ethnic and labor migration.

Country Outcome under *Population and Development* Component, Objective 2: “Develop comprehensive population policy”.

Notwithstanding Government priorities to increase population of the country, leverage distribution of population by regions and support birth rate, as well as enhance quality of human potential, the demographic development, projection of population flows and linkage with sustainable development, reproductive health and reproductive rights, as well as gender equality, support to family and vulnerable population are not organized into the uniform government policy yet. Therefore, it is desirable to support development of such national document which would contain demographic analysis and would integrate demographic data for planning and monitoring of national and regional development programs with due consideration of the needs of vulnerable population.

In the framework of the Country Program the UNFPA will provide technical assistance to the government in using demographic data for planning, development and monitoring of policies and better understanding of causes behind demographic trends and consistent patterns in the country, and will advocate and provide technical support to the government (attract best practices, international expertise) in the development of the conceptual demographic policy paper which would contain demographic analysis, population projection considering for linkage of population and development; in drafting national program documents considering for population as well.

Country Outcome under *Population and Development* Component, Objective 3: “Undertake well-organized census in 2020 and ensure availability of census data for users of different levels”.

UNFPA will provide technical assistance to the Statistical Committee of the Ministry of Economy in preparation to census 2020 in line with international standards and UN recommendations with regard to population and housing censuses the 2020 round.

Support will be provided to further development of technical capacity of authorized central and regional statistical agencies in Kazakhstan on international standards and requirements to population census, including implementation of geographic information system for the population census 2020 and future demographic and socio-economic surveys.

Country Outcome under *Population and Development* Component, Objective 4:  
“Develop comprehensive system of population registries”.

International experience showed that the national system of regularly updated registries of various population groups enabled separation of socially vulnerable groups with special needs: adolescents and young people, people with disabilities, by type of disability, gender, age and residence, elderly people, etc., for monitoring of socio-economic status and planning efficient special-purpose social support.

Therefore, UNFPA will provide technical support to the country in creation of regularly updated population registries which enable separation of socially vulnerable groups in order to use data in the development and implementation of targeted support policy and having record of population in the framework of future population and housing censuses in accordance with international census principles based on population registries.

## **Part 5 Partnership Strategy**

UNFPA will implement the country program in partnership with other organizations in the UN country team as joint efforts for the achievement of Sustainable Development Goals and ICPD Program. WHO, UNECE, ILO, UNDP, UNICEF and UNIFEM will be partners for the achievement of results. In addition, to increase coverage with UNFPA-supported activities and ensure synergy with other international and foreign organizations represented in Kazakhstan, the UNFPA office in Kazakhstan will support close contact with the World Bank, IOM, OECE, USAID, CDC and other partners.

The UNFPA office will work closely with such national institutes as President’s Office, legislative and central executive agencies: President’s Administration, Prime-Minister’s Office, Majilis and Senate of the Parliament, central foreign affairs authority, central interior, health and social development, education, emergencies, national economy, justice, statistics authorities; regional representative and executive agencies; advisory bodies, such as national Commission on Women, Family and Demographic Policy and Human Rights Commission under the President of Kazakhstan, health methodology centers in the field of public health, mother and child health, reproductive health of women and men, development of healthy life style; education methodology centers; strategic studies methodology centers; academia, medicine, economics, law academia to start with; civil society, mass media and others.

### **Multilateral Partners**

UNFPA will implement the country program on partnership principles reflected in PFD 2016-2020 with other UN organizations. During the implementation of reproductive health and family planning program the UNFPA will exclusively rely on WHO technical guidelines and expertise. In close cooperation with UNICEF and WHO the program activities will be implemented to improve access of young people to SRH goods and services, raise awareness of prevention of unwanted pregnancy, HIV and other STIs transmission. Activities on prevention of HIV transmission will be coordinated with UNAIDS. Assistance to the implementation of the national strategy of gender equality will be in close collaboration with UNIFEM and UNDP, while relevant population-related issues will be addressed jointly with

other UN organizations interested in obtainment of data and work with relevant population groups. To avoid overlapping and unsound use of resources the support to priorities on the part of UNFPA will be coordinated with the support provided in the same areas by other multilateral and bilateral partners.

### **Government Institutes**

Partnership with government institutes and their leadership plays a crucial role in the achievement of SDG; as well as integration of strategies with regard to reproductive rights and reproductive health, gender equality and other population strategies into national development strategies for the sustainability of policies and practices promoted by UNFPA.

Traditional key partners of UNFPA in Kazakhstan on the central level include central agencies in the field of health and social development, statistics, National Commission on Women, Family and Demographic Policy (the Home Policy Unit of the President's Administration acts as the secretariat of the Commission now). The CP 2016-2020 is essentially focused on reproductive rights of population, raising awareness and education in sexual and reproductive health care of young people, and it will strengthen partnership with other central agencies of public administration, to start with education. Along with this the partnership will be extend to methodology centers and academia dealing with development of regulations and methodologies in program priority areas, where reputable national experts are concentrated in a particular field and the opinion of such experts essentially influences government strategies. Partnership with members of Parliament will continue in the framework of the Asian Forum of Parliamentarians on Population and Development which will focus on law making related to fulfillment of obligations in the field of reproductive health, gender equality and population and development arising from international conventions, ICPD Program for Action, SDG and other documents.

### **Civil Society**

During implementation of the program a special attention will be turned to the partnership with non-governmental sector which will undertake many program activities and will act as the advocate of the program among experts, vulnerable groups and general population. UNFPA will cooperate with branches of foreign non-governmental organizations registered in Kazakhstan, in particular Kazakh Association on Sexual and Reproductive Health (IPPF member), republican associations, including Civil Initiative Center, Women's League of Creative Initiative, Association of Physicians and Pharmacists of Kazakhstan, Kazakh Association of Family Doctors, Association of Business Women of Kazakhstan, Republican Women's Council, local public associations, representatives of religious groups and independent national consultants. A public opinion on sensitive problems of reproductive health, gender and population the cooperation with mass media will be managed as well.

### **International Institutes**



UNFPA will actively cooperate with a number of international and foreign institutes, European Training in Adolescent Health and Care Group EuTEACH at Lausanne University (Switzerland), High School of Economics (Moscow, Russian Federation), Reproductive Health Institute for Eastern European countries (Bucharest, Romania), Mother and Child Care Institute (Chisinau, Moldova) and others.

## **Part 6. Program Management**

Implementation of CPAP will be aligned with PFD 2016-2020 through the national implementation. UNFPA office staff will be advised on implementation of performance-based and cost-effective approaches. The staff will get short-term training on program areas within their job responsibilities according to UNFPA's training policy.

UNFPA will participate in UN thematic groups on PFD outcomes and efficient management, as well as multidisciplinary thematic groups on gender and HIV/AIDS and will be guided by mutually agreed recommendations with regard to CP implementation.

Daily operations will follow biannual work plans developed by UNFPA jointly with partners and in accordance with strategies and outcomes specified in CPAP. The work plans will be signed by UNFPA and implementing partners. The performance of work plans will be reviewed at annual joint meetings. Work plans will consider for interrelation of various program components with each other implemented as one whole.

Any transfer of funds to implementing partners will be based on work plans agreed upon by implementing partners and UNFPA.

Funds for activities specified in the work plan should be transferred by the UN agency as follows:

Transfer of funds directly to the account of an implementing partner:

- a) before commencement of activities (direct transfer) or
- b) after completion of activities (reimbursement);

direct payment to providers or third parties under liabilities of an implementing partner is made against request signed by authorized official of the implementing partner;

direct payment to providers or third parties under liabilities of the UN agency to support activities agreed upon with the implementing partner.

Funds for activities specified in the work plan may be transferred by the UN agency as follows:

Transfer of funds to national institutions to be forwarded to the Implementing Partner:

- a. before commencement of activities (direct transfer);
- b. after completion of activities (reimbursement);

direct payment to providers or third parties under liabilities of an Implementing Partner is made against request signed by authorized official of the Implementing Partner;

direct payment to providers or third parties under liabilities of the UN agency to support activities agreed upon with the Implementing Partner.

Directs transfers of funds are requested and paid during the period of program implementation up to three months. Previously approved expenses are reimbursed each quarter or after completion of activities. UNFPA is not obligated to cover expenses of the implementing partner if the amount exceeds the one approved in the work plan.

After completion of any activity, any remainder should be reallocated by mutual agreement between the partner and UNFPA or returned.

The way and size of payment, scope and frequency of activities under the guarantees may depend on results of considering capacity of the government financial management, in the event when the government is the implementing partner; and results of assessment of financial management of the partner who is not implementing partner of the UN. Qualified consultant, for example, a readily available accounting firm selected by UNFPA may make such assessment with the participation of the implementing partner.

Way and size of payment, scope and frequency of activities may be revised during the program implementation based on the results of expense control monitoring, reporting and audit.

UNFPA Office consists of Country Director; these responsibilities are exercised by Director of sub-regional UNFPA office for Central Asia in Almaty; Executive Representative of UNFPA in Kazakhstan and two support staff according to the approved typology of a country office. In addition, UNFPA allocates resources for two national program officers and one support staff employee to strengthen execution of the program. Technical support to the program is provided by UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA sub-regional office for Central Asia.

## **Part 7 Monitoring and Evaluation**

Monitoring and evaluation will be delivered in accordance with CPAP outcome matrix and with reference to joint monitoring and evaluation plan. The Government and UNFPA will bear responsibility for regular follow-up of key elements of program implementation, including financial contribution, type of operations, outputs and program outcomes. Measurement of some outcomes will require sociological surveys which make part of this CP.

Implementing partners will provide written progress reports specifying achievements and challenges faced. In addition, during program implementations the UNFPA staff will have regular field visits to obtain first-hand information. The key instrument to match consistency of operations with national programs and this CPAP is annual partner meetings on critical review of program performance. UNFPA will present an overview of performance for such meetings.

During the period of program implementation, two external assessments of program impact on the achievement of final outcomes will be performed. Interim assessment will take place in 2018 to identify successes and failures of the program and, above all, to what extent the program contributed to progress in priority areas reflected by outcome indicators. In addition, the following will be assessed (a) compliance of program interventions with national

development priorities, (b) cost-effectiveness of program activities, (c) efficiency of coordination of UN organizations on country level in achievement of common outcomes. Interim assessment will cause, if necessary, adjustment of plans and methods of implementation. Monitoring and evaluation will be closely related to national monitoring and evaluation process.

Final assessment of the program will take place in 2020. The assessment will be performed in coordination with partner UN agencies.

## **Part 8. UNFPA Commitments**

Executive Board of UNFPA approved financing of the program equal to 2.65 million US Dollars for the period 5 years from regular resources of UNFPA; another 1.1 million US Dollars should be mobilized from other sources. Special allocations to various activities of the programs will be specified during implementation of annual work plans. Distribution of financing by years will depend on availability of funding. UNFPA resources will be allocated to three priorities as follows:

Sexual and reproductive health care: regular resources - 1.0 million US Dollars, other resources to be mobilized from other sources – 0.2 million US Dollars,

Adolescents and young people: regular resources – 0.45 million US Dollars, resources to be mobilized from other sources – 0.4 million US Dollars;

Gender equality and empowerment: regular resources – 0.35 million US Dollars, resources to be mobilized from other sources – 0.3 million US Dollars;

Population and development: regular resources – 0.45 million US Dollars, resources be mobilized from other sources – 0.2 million US Dollars;

Coordination and assistance to program implementation: 0.4 million US Dollars from regular resources.

During the annual meetings on critical review of program performance, the UNFPA and the government, apart from other issues, will review utilization of resources that may be reallocated to other program areas, if necessary, due to inadequate utilization of allocated financing.

UNFPA shall reserve the right to demand return of any funding or any equipment, if such funding and equipment are used for purposes other than specified in this Action Plan and work plans. If that is the case, the UNFPA jointly with interested public administration bodies shall sign a statement of inappropriate use of goods supplied by UNFPA, and such statement shall serve as the ground for reallocation of such goods in accordance with this Action Plan of the Country Program.

In the event of direct transfer of funds or reimbursement of expenses, the UNFPA shall notify implementing partner on funds approved by UNFPA and remit funds to the implementing partner during five banking days.

In the event of direct payment to providers or third parties against liabilities of implementing partners pursuant to the request signed by the authorized official of the implementing partner or to provider or third party against liabilities of UNFPA to support

activities agreed upon with implementing partners, the UNFPA will pay during five banking days.

UNFPA shall not bear any direct liabilities under arrangements between implementing partners and third parties. Whereas more than one UN agency remits funds to the same implementing partner, the program monitoring, financial monitoring and audit shall be joint and coordinated with such UN agency.

UNFPA shall provide all involved partners with information on any changes with regard to program implementation.

## **Part 9. Government Commitments**

CP 2016-2020 will be implemented to support implementation of national programs of Kazakhstan. The Government shall observe its obligations in accordance with SBAA of 4 October 1994. With reference to this Agreement, the Government shall provide UNFPA, its officials and other persons acting on behalf of UNFPA with preferences and services similar to preferences and services provided to officials and consultants from various agencies, programs, funds and specialized UN agencies. The Government shall apply The Convention on the Privileges and Immunities of the United Nations with respect to possessions, money and property of UNFPA, as well as with respect to its officials on the list of officials of the United Nations under Section 17 of Article V of the Convention.

As a contribution to the program the Government will provide support to UNFPA on mobilization of additional resources from government, international and private donors with the purpose to adjust the CP funding. In addition, the Government will try to contribute both in-kind and in cash to ensure successful implementation of this CPAP.

Each partner from the governmental organizations receiving UNFPA's support shall duly maintain accounts, records, accounting and inventory books and other documents reflecting supply of equipment and materials, receipt and utilization of funds in relation to CP fulfillment. The authorized UNFPA officials shall have access to all documentation relating to purchase and dissemination of any property received in the framework of the program and to financial documents relating to program expenses.

The Government shall commit to arrange meetings for joint review of CP implementation and planning. In addition, the Government shall assist in periodic field visits to the project sites by UNFPA staff and consultants for monitoring, meeting beneficiaries and evaluation of activities progress. The Government shall provide UNFPA with timely information on changes in the national legislation that may affect cooperation during the CPAP implementation.

Standard reporting form Funds Approved and Confirmed Expenses (FACE) reflecting activities of the work plan shall be used by implementing partners for request of funds or for ensuring agreement that UNFPA will reimburse expenses or directly pay planned expenses. Implementing partners will use FACE to report on utilization of received funds. Implementing Partner will appoint an authorized official to present bank account details, requests and evidence of utilization of funds. FACE will be approved by the authorized official of the implementing partner.

The transferred funds will be used by implementing partners for the activities agreed in the work plans only.

Funds received by the Government and national NGOs who are implementing partners will be utilized in accordance with the established national rules, principles and regulations that shall meet international standards, in particular, ensure utilization of funds in accordance with the agreed annual work plan, and guarantee submission of the reports of full utilization of all received funds to UNFPA within six months after receiving funds. If any national rules, principles and regulations fail to be in line with international standards, the rules, principles and regulations of the UN Agency shall apply.

If funds are received by international NGOs and intergovernmental implementing partners such funds shall be utilized in accordance with international standards, particularly guaranteeing utilization in accordance with the work plan and reports on full utilization of all received funds shall be submitted to UNFPA within six months after receipt of such funds.

To facilitate scheduled and special audits, each implementing partner receiving UNFPA funds shall provide UN agency or its representative with timely access to:

- all financial statements reflecting all remittances from UNFPA related to the transaction;

- all relevant documentation and personnel involved into internal control of the division of implementing partner processing all remittances.

The findings of each audit shall be communicated to the implementing partner and UNFPA. In addition, each implementing partner shall:

- receive and review audit opinion;
- timely inform UNFPA which transferred funds on acceptance or rejection of auditor's recommendations;
- undertake timely actions with regard to accepted auditor's recommendations;
- each quarter report activities as a follow-up of accepted recommendations to UN Agency.

## **Part 10. Other provisions**

This CPAP shall supersede any previously signed CPAP between the Government of Kazakhstan and UNFPA and may be amended by mutual consent of both parties as may be recommended by joint strategic meeting.

Nothing in this CPAP shall in any way be construed as waiver of protection of UNFPA accorded by the content and substance of the United Nations Convention on the Privileges and Immunities to which the Government is a party.

## **Part 11. General Provisions**

This Plan shall become effective on the date it is signed.

Executed in Astana on \_\_\_ March 2016 in two original counterparts, each in English and Russian languages, and all texts are equally authentic. Should any disagreement in interpretation of this Plan occur the Parties shall refer to the text in Russian.

In witness hereof the undersigned, duly authorized, signed this CPAP on 22 November, 2016

For the Government of the  
Republic of Kazakhstan



Yerzhan Ashikbayev  
Deputy Minister of Foreign  
Affairs of the Republic of  
Kazakhstan

For the United Nations Population Fund



Pedro Pablo Villanueva  
UNFPA Representative a.i. in  
Kazakhstan

## List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control
CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CP	Country Program
CPAP	Country Program Action Plan
DHS	Demographic and Health Survey in Kazakhstan 1999
ECE	Economic Commission for Europe
GDP	Gross Domestic Product
GNI	Gross National Income
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ILO	International Labor Organization
IPPF	International Planned Parenthood Federation
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey, 2010/2011
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
OSCE	Organization for Security and Cooperation in Europe
PFD	Partnership Framework for Development 2016 - 2020
PHC	Primary Health Care
SBAA	Standard Basic Assistance Agreement
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TFR	Total Fertility Rate
UN	United Nations
UN DPI	United Nations Department of Public Information
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDDC	United Nations Department on Drugs and Crimes
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WHO	World Health Organization
YHC	Youth Health Centers
Y-PEER	Global Youth Action Network

